captioned "Mineral Water a minefield Of coDlaminatton" published in the Financial Express dated the 17th July, 1997;

(b) if so. Governments reaction thereto;

(c) the specific action plan $t_0$ ensure quality of mineral water as per standard specifications, including the genuineness of the source;

(d) whether Bureau of Indian Standard, $ha_s$ been approached for fixing standards and certification; and

(e) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHiURY): (a) Yes, Sir.

(b) and (.c) The standards for mineral water have been laid down under P.FA, Rules, 1955. The State/U.T Governments check the quality of mineral water $a_s$ per specifications laid down under P.F.A. Rules, 1995 from time to time. The Food(Health) authorities of the States/ U,Tl have been asked to keep a vigil on quality »f mineral water.

(d) and (e) The Bureau $_0$f Indian Standards has already formulated the specifications for mineral water.

**Recommendations of Central Council of Health and Family Welfare**

2531. SHRIMATI JAYANTI PAT-NAIK; Will the PRIME MINISTER be pleased to staie:

(ai tin number $_t$,f meetings convened by the Central I ,,umil $_0$t Health and Family Welfare during the last three years;

<b) tlu d.wiu .,i recaoueni made by tin- Council in $_{ull}$matters concerning health and family welfare;

bj the steps taken by $C,_0$||, to. implement their reconimendaiin,,,. ind

(d) the progress made by different states in achieving the job of family welfare programmes set under the National Health Policy?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) and (b) Two Conferences of Central Council of Health & Family Welfare, one in October 11-13, 1995 and the other in January, 5-10, 1997 were held during last three years.

The recommendations of the Fir ence of the Council interalia include.

(i) Implementation of the fami welfare programmes on the basis the Target Free Approach.

(ii) Exposure of the children i school going age to health edu tion to promote healthy lifesty and health hygiene.

(iii) Increasing the effective a of marriage and promotion of I formation, education and co tion in the community delay the first birth.

(iv) Strengthening of prima secondary and tertiary health c delivery system.

(v) Modification of service ru in the Central and State Gove ments and in their undertaking ensure that the two child norm adopted by their employees.

Introduction of a Bill in Parliament for disqualifying p sons with more than two childr prospectively, from being elected Parliament.

(vi) Development of epidemi gical surgeillance and support tem to control the outbreak diseases.

(vii) Various measures to co eradicate communicable and n communicable diseases like mala

leprosy, T.B., AIDS, cancer, blindness etc.

(viii) Strengthening of food and drug quality control mechanism.

(ix) Improvement of emergency services in Government hospitals.

(x) Measures to improve environmental health and sanitation.

(xi) Setting up of National Illness Assistance Fund.

(xii) Compulsory 2-3 years rural service for Doctors.

(xiii) Regulatory measures for private nursing home and introduction of Charter Mark.

(xiv) Strengthening of Indian Systems of Medicine and Homoeopathy

(c) The recommendations of the Council were communicated to the State Govts. who are primarily responsible for the implementation of health and family welfare programmes. The Central Govt. has also taken effective steps to implement National health programmes in the light of various recommendations of the Council.

(d) The goals set out in the National Health Policy, 1983 for family welfare programmes are sought to be achieved through child survival and safe motherhood programme including extension of immunization cover to women and children. Statewise performance of family welfare programmes in terms of certain indicators is annexed as Statement.

Statement

*Statewise performance in Family Welfare*

| Sl.No. | Name of State/UT | Crude Birth Rate (per 1000 population. | Infant Mortality Rate (per 1000 live births) | Couple Protection Rate (% as on 31-3-97 | Total Fertility Rate (1993) |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 |
| | *India* | 28.3 | 74 | 45.4 | 3.5 |
| | *States* | | | | |
| 1 | Andhra Pradesh | 24.2 | 67 | 46.9 | 2.7 |
| 2 | Arunachal Pradesh | 23.8 | 63+ | 12.1 | NA |
| 3 | Assam | 29.3 | 77 | 19.1 | 3.3 |
| 4 | Bihar | 32.1 | 73 | 21.1 | 4.6 |
| 5 | Gujarat | 26.7 | 62 | 57.4 | 3.2 |
| 6 | Goa | 14.7 | 14+ | 32.9 | NA |
| 7 | Haryana | 29.9 | 69 | 53.9 | 3.7 |
| 8 | Himachal Pradesh | 25.2 | 63 | 55.3 | 2.8 |

| 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|
| 9 | Jammu & Kashmir | NA | NA | 17.6 | NA |
| 10 | Karnataka | 24.1 | 62 | 55.6 | 2.9 |
| 11 | Kerala | 18.0 | 13 | 46.7 | 1.7 |
| 12 | Madhya Pradesh | 33.2 | 99 | 47.4 | 4.2 |
| 13 | Maharashtra | 24.5 | 55 | 51.0 | 2.9 |
| 14 | Manipur | 20.6 | 27+ | 23.7 | NA |
| 15 | Meghalaya | 29.0 | 45+ | 4.0 | NA |
| 16 | Mizoram | NA | NA | 44.2 | NA |
| 17 | Nagaland | 20.1* | 6+ | 8.1 | NA |
| 18 | Orissa | 27.8 | 103 | 39.5 | 3.1 |
| 19 | Punjab | 21.6 | 54 | 76.9 | 3.3 |
| 20 | Rajasthan | 33.3 | 86 | 32.6 | 4.3 |
| 21 | Sikkim | 22.5 | 47+ | 23.7 | NA |
| 22 | Tamil Nadu | 20.5 | 54 | 51.7 | 2.1 |
| 23 | Tripura | 18.9 | 45+ | 26.3 | NA |
| 24 | Uttar Pradesh | 31.5 | 86 | 37.2 | 5.2 |
| 25 | West Bengal | 23.6 | 58 | 34.2 | 3.8 |
| | *Union Territories* | | | | |
| 1 | Andaman and Nicobar Islands | 18.7 | 32+ | 40.9 | NA |
| 2 | Chandigarh | 19.5 | 42+ | 38.3 | NA |
| 3 | Dadra and Nagar Haveli | 29.7 | 73+ | 35.6 | NA |
| 4 | Daman and Diu | 21.8 | 36+ | 36.8 | NA |
| | Delhi | 23.3 | 39+ | 33.9 | NA |
| | Lakshadweep | 25.5 | 37+ | 9.6 | NA |
| 7 | Pondicherry | 20.1 | 25+ | 65.7 | NA |

Source : Col (3) and (4), Sample Registration System (SRS) data for 1995. Col (6) SRS data for 1993. (Col (5) Programme Data.

NA : Not Available.

* : Figures related to SRS 1994.

\+ : Three-year moving average (1993—95).

**Marketing of new diabetes drug**

2532. **SYED SIBTEY RAZI:** Will the **PRIME MINISTER** be pleased to state:

(a) whether Government are aware that marketing of new diabetes drug by Warner-Lambert Co. in the U.S.A. by Pfizer Inc. and by Glaxo welcome in Europe, offers 'dramatic' results and could actually prevent the disease in patients at risk;

(b) whether manufacturers of the medicine referred to in part (a) above also claim that it would be